

**Rhode Island Department of Health
Office of HIV & AIDS
3 Capitol Hill, Room 106
Providence, RI 02908-5097
Telephone: 401-222-2320
Fax: 401-222-6001**

Request for Data/Epidemiologic Analysis

Date of request: _____ **Date Needed:** _____

Contact information:

- **Person/place Requesting data:**

- **Telephone** _____
- **Address** _____
- **E-Mail** _____
- **Fax** _____

Details of Request (Date promised, specifics of data requested and analysis):

Health Action Taken:

Date Request Completed: _____

For office use only 1. Pending 2. Done 3. Not able to complete
Request taken by:
Referred to:
Date: